

**CORRECTED FINANCIAL STATEMENT
AND
GOOD-FAITH AFFIDAVIT**

Attach Any Part of Your Financial Statement Form Needed to Report and Explain Corrections

| | |
|--|-----------|
| Filer Name (First, MI, Last) | Account # |
| Royce West | 00020990 |
| Address (P.O. Box or Street Address, Apt. or Suite #) | |
| 5787 S. Hampton Road, Suite 440 | |
| <input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS) | |
| (City, State, Zip Code) | |
| Dallas, TX 75232 | |

| | |
|--------------------------------|--------|
| OFFICE USE ONLY | |
| RECEIVED | |
| JUL 15 2009 | |
| Texas Ethics Commission | |
| Receipt # | Amount |
| HD (PM) 7-14-09 | |
| Date Processed | |
| PROCESSED JUL 15 2009 | |
| Date Imaged | |

The correction(s) filed with this affidavit apply to my financial statement due in

2009 2008 2007 2006 2005 2004 Other _____

(Remember: The financial statement you file covers the preceding calendar year's activity. Thus a report due in 1999 covers information for calendar year 1998.)

Explanation of Correction

I made the original filing in good faith and later discovered that Part 15 was incomplete.

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Royce West this the 14th day of

July, 20 09, to certify which, witness my hand and seal of office.

La Tracy D. Thomas
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

R 420846

FEES RECEIVED FOR SERVICES RENDERED TO A LOBBYIST OR LOBBYIST'S EMPLOYER

PART 15

NOTAPPLICABLE

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

| | | | | |
|---|--|--|--|--|
| 1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | Dallas Area Rapid Transit | | | |
| 2 FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE | | | |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | Dallas Independent School District | | | |
| FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE | | | |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | | | | |
| FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | | | | |
| FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | | | | |
| FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |
| PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED | | | | |
| FEE CATEGORY | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE | | | |

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY